

107000012428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

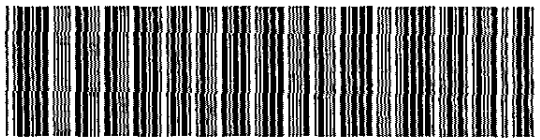
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 FEB 19 AM 9:50

As 2/21/07
Asst of Sec/VC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARIELYONA PA
(Name of Corporation)

DOCUMENT NUMBER: P07000012428

The enclosed Articles of Correction and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ARIELA YONA
(Name of Contact Person)

ARIELA YONA PA
(Firm/Company)

10331 FIG CT.
(Address)

PEMBROKE PINES, FL 33026
(City/State and Zip Code)

For further information concerning this matter, please call:

ARIELA YONA at (305) 389-2447
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

2007 FEB 19 AM 9:50

for

ARIELYONA PA

Name of Corporation as currently filed with the Florida Dept of State

PO7000012428

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on 1-29-07

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE CORPORATION NAME IS INACCURATE:

ARIELYONA PA

(THE NAME IS MISSING AN "A" & A SPACE BETWEEN THE FIRST & LAST NAME)

Correct the inaccuracy, incorrect statement, or defect:

THE NAME SHOULD BE:

ARIELA YONA PA

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ARIELA YONA

(Typed or printed name of person signing)

PRES.

(Title of person signing)

Filing Fee: \$35.00